

17 MAY 2005

10/535228

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET
PU5028USw

First Names Inventor:
BOGGS

Complete if known:
App No.:

Filing Date

Group Art Unit:

- (X) Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FARNESOID X RECEPTOR AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number **PCT/US03/ 35808** filed **November 12, 2003** and was amended on (MM/DD/YYYY)
_____(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/428,374	11/22/2002
2.	

Express Mail Label No.
EV 332065329 US

Page 2 of 3
DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU5028USw	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)
					<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number <u>23347</u> and Customer Number <u>20462</u>					
Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398				Direct Telephone Calls to: Lorie Ann Morgan 919-483-8222	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
1-03 0	FULL NAME OF INVENTOR	FAMILY NAME BOGGS	FIRST GIVEN NAME Sharon	SECOND GIVEN NAME/INITIAL D	
	INVENTOR'S SIGNATURE	Signature <i>Sharon D. Boggs</i>			Date: 12/05/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0	FULL NAME OF INVENTOR	FAMILY NAME COLLINS	FIRST GIVEN NAME Jon	SECOND GIVEN NAME/INITIAL L	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME HYATT	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL M	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

Page 3 of 3
DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
			PATENTED	PENDING
			ABANDONED	
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<p>Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398</p>			<p>Direct Telephone Calls to: Lorie Ann Morgan 919-483-8222</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		BOGGS	Sharon	D
	Durham	NC	US	
	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		COLLINS	Jon	L
		<i>Jon L. Collins</i>		<i>2/23/04</i>
	Durham	NC	US	
	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		HYATT	Stephen	M
	Durham	NC	US	
	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	

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DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BOGGS	FIRST GIVEN NAME Sharon	SECOND GIVEN NAME/INITIAL D	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME COLLINS	FIRST GIVEN NAME Jon	SECOND GIVEN NAME/INITIAL L	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
3-00 0 3	FULL NAME OF INVENTOR	FAMILY NAME HYATT	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL M	
	INVENTOR'S SIGNATURE	Signature <i>Stephen M. Hyatt</i>			Date: 11/24/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
0	INVENTOR'S SIGNATURE	Signature <i>Patrick R. Maloney</i>		Date: 24 NOV 03
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC <i>NC</i>	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US